

a marked symptom, and one which would be expected to follow the dislocation of the tendon, was the rigid and immovable flexion of the last phalanx of the great toe. In this case tenotomy of the tendo Achillis and of the tendons of the anterior and posterior tibials, the common flexor and the long flexor of the toe, was performed, but reduction was not effected. The patient recovered with a useful foot.

Dr. Stimson thinks that the fracture and dislocation probably occur as a result of external violence acting in the direction of the long axis of the leg along the sloping articular surface of the calcaneum, forcing that bone and the tibia closer together, so that the posterior part of the astragalus is squeezed out from between them.

In a case of this dislocation recorded by Mr. Benjamin Phillips (quoted by Pick) a gentleman, in running, placed his foot in a gutter, so that the toes rested on the further edge and the heel was jammed violently down to the bottom of the gutter, the patient at the same time falling forward.

OTOLOGY.

UNDER THE CHARGE OF

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CONTUSED WOUND OF AURICLE.

A girl, thirteen years old, was struck with a piece of rope over her auricle, by a teacher. Intense swelling set in about the wound, which was near the junction of the concha with the posterior wall of the auditory canal. The next day the entrance to the external meatus was almost entirely closed. The treatment consisted in hydropathic dressings, under which the swelling rapidly went down, and the abscess which had been feared, was prevented. (*Universitäts-poliklinik für Ohrenkranke zu Bonn: Archiv für Ohrenheilkunde*, Bd. 25, pp. 76-77, 1887.)

From the same source comes the account of an othæmatoma which had been improperly treated by incisions a year before the clinic had charge of the case. The tumor gradually grew until it took in all the upper concave part of the auricle. Its radical removal was accomplished by first making an incision three centimetres long in the direction of the anthelix, running through a fistula which was found in the tumor. A mass of spongy granulations was removed by means of the sharp spoon. After this two crescentic cuts running from the first incision were made, and a piece of the hypertrophied cartilage was removed, and the edges of the wound joined by means of six sutures, a small opening being left at the lower angle of the wound. Healing followed by first intention, though the edges of the wound were approximated with considerable tension of the sutures. In fourteen days the place formerly occupied by the tumor was marked only by a narrow, smooth cicatrix, and a slight deformity of the cartilage.

ACUTE SUPPURATION OF THE TYMPANUM IN CHRONIC BRIGHT'S DISEASE.

DR. ROOSA, of New York, gives an account of a case with the above title (American Otolog. Society, July 19, 1887). A woman, forty-two years old, complained of intense pain in the left ear. She was seen the next day by Dr. Roosa, who found that the patient had been previously affected with a profound non-suppurative catarrh of both ears, with deafness. In two days there was noted a tenderness over the mastoid. Leeches, poulticing, and hot douches, relieved the pain, with varying success until fourteen days elapsed, when all the symptoms about the ear increased in intensity. The temperature, which had been increased, became low. Paracentesis of the membrana tympani was performed by Dr. Emerson, and gave some relief. The symptoms in thirty-six hours grew worse, and the temperature rose to 103.5°. Paracentesis was again performed, without much relief, and finally œdema of the lung set in. (Patient far advanced in chronic Bright's disease.) She died thirty-four days after the first ear symptoms.

The post-mortem examination revealed the fact that the disease was tympanic and not mastoid, verifying the diagnosis previously made by Drs. Roosa and Emerson.

RAPID LOSS OF HEARING IN A CHILD SEVEN YEARS OLD.

DR. A. H. BUCK, of New York, reports a case of the above-named form, in which inherited syphilis was the apparent cause of the disease, and in which the hearing improved markedly after the use of iodide of potassium (American Otological Society, July 19, 1887). Although the nares and nasopharynx were markedly catarrhal, this was not sufficient in the author's opinion to account for the profound and sudden loss of hearing, which lasted for some months, and improved only after large and continued doses of the drug just named. This was given at first in five grain doses, three times daily, until it reached seventeen grains three times a day. One of the chief instructive features of interest in this case was a circumscribed periostitis, which was demonstrable for a comparatively long period, symmetrically situated in both external auditory canals, at a point corresponding to the osseous floor of the mastoid antra. As late as September 17, 1887, the child's physician reported that the boy could hear nearly as well as ever.

SYPHILITIC DISEASE OF THE LABYRINTH, EXHIBITING REMARKABLE VARIATIONS IN THE DEGREE OF DEAFNESS.

In a man, thirty years old, affected with inherited syphilis, the hearing in the left ear was greatly reduced, being 0 for the watch, and 2' for loud words. In the right ear, he could hear loud words at 20', and the watch on light contact (Dr. S. THEOBALD, Amer. Otol. Soc., July 19, 1887). The treatment consisted of biniodide of mercury $\frac{1}{2}$ gr., with iod. potass. gr. ij, thrice daily, and the use of a gargle containing tincture of iodine and iodide of potassium. No great improvement in hearing for words. The mercurial was now increased to $\frac{1}{4}$ gr. The hearing not seeming so well, the biniodide was stopped, and hydrarg. bichlor. gr. $\frac{1}{4}$, with ammoniæ muriatis gr. x, given three times daily. The hearing improved greatly under this in three weeks, and

the watch was heard in the right ear at 2'', and whispered words at 20'. The left ear was not materially improved. In the course of two months, the treatment being kept up, he suddenly became very deaf—as much so as when first seen. In addition to the ammonia and mercury, he was ordered to apply behind and around the ears a twenty per cent. solution of the oleate of mercury. In two months he reported that the treatment had been discontinued, and that his hearing was normal on the right side for words, and for a loud voice 20' in the left ear. There were two more relapses between March and June of this year. The mercurial treatment was carried out, without much apparent effect upon the hearing. This case seems like one of disease of the middle ear, and to demand, therefore, more direct treatment of the nasopharynx and Eustachian tube.

AURAL VERTIGO.

DR. GELLÉ, of Paris, has recently written an elaborate and highly valuable article on this subject, based on the observation of three cases, and their autopsies (*Annales des Maladies de l'Oreille, etc.*, Sept. 1887). While admitting a neuropathic element in these, as in all cases of Ménière's disease, this writer believes largely in the mechanical element in aural vertigo. This view is substantiated by the fact that in all of these cases one of the fenestræ of the two with which the labyrinth is supplied was rendered immovable, either by a fixation of the foot plate of the stirrup in the oval window, or by the stopping up of the round window. As these fenestræ act the part of safety-valves, equalizing the pressure made upon the labyrinth fluid by sound waves and other impulses upon their surfaces, if one is stopped up or ankylosed, pressure through the other makes an undue impression on the terminal filaments of the auditory nerve, and excites vertigo.

Another very important element in the genesis of aural vertigo in its different forms, is the condition of reflex hyperæsthesia and hyperexcitability in which the acoustic nerve is brought and maintained, in consequence of the repetition of irritation and functional excitations, like deglutition, etc.

DISEASES OF THE LARYNX AND CONTIGUOUS STRUCTURES.

UNDER THE CHARGE OF

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NEW LITERATURE.

In October was issued from Paris the first number of *Archives de Laryngologie, de Rhinologie et des maladies des premières voies respiratoires et digestives*, edited by DR. ALBERT RUAAULT, in charge of the laryngologic clinic of the Institution nationale des Sourds-Muets of Paris, with the scientific concurrence of PROFESSORS BOUCHARD, CORNIL, VERNEUIL, TRELAT, and thirty-one other

physicians and surgeons of hospitals and members of the teaching faculties of Paris. It differs from the two older laryngological journals of France in excluding otology. Its scope comprises diseases of the nose, nasal cavities, frontal sinus, nasopharyngeal cavity, pharynx, soft palate, tonsils, mouth, and appendages, larynx, œsophagus, trachea, and neck, which it proposes to discuss, not only in their special relations, but also in their relations to general medicine and surgery. No intimation is given as to the frequency of publication. The initial number contains an original article by Dr. F. Verchère, on the operative indications in certain recurrent tumors of the nasal and post-nasal cavities; a critical review by Dr. P. Le Gendre, on antiseptic treatments for diphtheria; a partial report of the Laryngological Section of the recent session at Washington of the International Medical Congress; and an analysis of some recent French and other publications on the subjects to which it is devoted. We greet the *Archives* with cordial welcome.

LEUCOPLAKIA BUCCALIS.

DR. W. C. GLASGOW, of St. Louis, has reported (*New York Med. Journ.*, Oct. 22, 1887, p. 461) an instance of recovery in a male aged forty-eight years, under local applications of iodine and tonics internally. The origin of the disease was attributed to excessive tobacco-smoking, and not to syphilis, to which, on insufficient grounds, it had been ascribed by other practitioners.

STRICTURE OF THE ŒSOPHAGUS FROM SIMPLE ULCER.

M. DEBOVE has been able, by an autopsy, to confirm his view that stricture may be due to cicatrization of simple ulcer (*Concours Méd.*, August 20, 1887).

GASTROTOMY IN REMOVAL OF FOREIGN BODY FROM THE ŒSOPHAGUS.

DR. WM. T. BULL, of New York, reports (*The Medical News*, Oct. 21, 1887, p. 484) the successful performance of gastrotomy for the removal of a peach-stone impacted in the œsophagus, thirteen inches from the teeth. A median incision, three inches in length, extending from the level of the ninth costal cartilage to a point two inches above the umbilicus; an incision one inch and a quarter into the stomach; the insertion of the index finger into the œsophagus until it reached the foreign body passed down from above by a bougie; the passage of a slender bougie through the stomach and out through the mouth; the attachment of a piece of sponge to the lower extremity of this bougie, and the withdrawal of the bougie by the mouth bringing up the foreign body, comprised the steps of this interesting and unique procedure. Invagination of the abdominal walls and of the stomach by pressure with the fist permitted access of the extended forefinger into the œsophagus, without introduction of the hand into the cavity of the abdomen. For instructive, important technical details, the original must be consulted.

DETACHMENT OF POST-NASAL POLYPI.

VICTOR LANGE, of Copenhagen (*Deutsch. med. Woch.*, 1887), reports several cases in which the pedicle was severed by a tug with a blunt hook passed through the nose; the tumor being fixed by the forefinger passed into the pharynx.

CURE OF RECURRENT NASOPHARYNGEAL TUMOR BY ELECTROLYSIS.

DR. R. F. LINCOLN, of New York, has reported (*New York Med. Journ.*, Oct. 22, 1887) an additional success in this line of treatment; the case being one of repeated recurrence after several surgical operations through the mouth and through the cheek.

OCCCLUSION OF THE POSTERIOR NARES.

DR. A. W. MAC COY, in a comparative study of some of the methods best adapted to the relief of occlusion of the posterior nares (*New York Med. Journ.*, Oct. 22, 1887, p. 457), extols a flexible sheathed applicator, devised by him to facilitate the use of caustics. It resembles a class of instruments used by Elsberg and others, some twenty-five years ago, but long since discarded. There is some improved mechanism in Mac Coy's tube which will commend itself to those who require such covers to their caustic points.

ON THE TREATMENT OF ATROPHIC RHINITIS BY APPLICATIONS OF THE GALVANIC CURRENT.

DR. D. BRYSON DELAVAN speaks (*New York Med. Journ.*, Oct. 22, 1887) quite favorably of electricity as a therapeutic agent, the results of which he has not seen equalled by any other method. As intranasal electrode he uses a copper wire protected by a pledget of absorbent cotton saturated with lukewarm water, as external electrode a flat sponge at the nape of the neck; the intranasal one being connected with the negative pole of the continuous battery current, the strength of which varies from four to seven milliamperes during a setting of from five to twelve minutes, or until a serous discharge occurs.

RECURRENT HEMORRHAGE OF THE VOCAL BAND.

DR. C. E. BEAN, of St. Paul, reports (*New York Med. Journ.*, Sept. 24, 1887, p. 351) a case under his care for several years recurring suddenly after violent cough excited by inspiration of irritant substances, apparently overcome finally under the administration of extract of ergot, half a grain three times a day.

LEPROSY OF THE LARYNX.

SIR MORELL MACKENZIE has commenced (*Journal of Laryngology and Rhinology*, Oct. 1887) an entertaining and instructive "Report upon Leprosy in Europe, particularly as it affects the Air-passages, the results of some studies made in Spain, in Madeira, and in Norway during the past few years." At his visit to the Hospital de San Lazaro, in Seville, in 1880, there were 29 male patients, 9 of whom had well-marked throat affections, as had 2 out of 10 females, the peculiar features of which are tabulated. In one instance the throat was affected from the beginning of the disease, in the others at periods varying from two to eleven years. One constant feature was enlargement of the epiglottis. In one case of ten years' standing the epiglottis was entirely destroyed, an exceptional occurrence. In one or two others there were ulcers on it, usually at the edge and toward the side. Thickening of the arytenoid cartilages was almost universal. In all the whole upper orifice of the larynx was thickened, so as to narrow greatly the aperture. In four cases the uvula

was entirely eaten away; in one it was partially destroyed, and in three it was thickened and enlarged. In five the pharynx was extensively ulcerated. In one tubercles were observed on the tongue. In the Lazaretto at Funchal, visited in 1881, there were four males and four females with throat implications, the general features being almost identical with those observed in the lazarinós of Seville.

CARCINOMA OF THE LARYNX.

DR. H. A. JOHNSON, of Chicago (*New York Med. Journ.*, Sept. 24, 1887, p. 349), reports five cases, all males, more than forty-four years of age. In three the disease occupied the right side. In but one was there a history of cancer in the family. In one only the disease seemed to be secondary as an extension of external cancer. In one only was there evidence of infection of the lymphatics from the larynx. In one only any trouble, some hemorrhage. In none was there marked pain. In three life was prolonged, apparently three, five, and eight months, respectively, by tracheotomy.

THE USE OF THE FINGER IN DISLODGING AN IMPACTED BODY IN THE LARYNX.

DR. J. FORD THOMPSON, of Washington, had occasion to perform tracheotomy to remove a cockle-bur impacted in the larynx of a lad of sixteen (*Journ. Amer. Med. Assoc.*, Oct. 1, 1887, p. 432), and failing to detect and grasp the body with tracheal forceps, he inserted an index finger into the larynx, and with this additional aid was able to dislodge the body, push it upward and extract it through the mouth.

DERMATOLOGY.

UNDER THE CHARGE OF

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SALT IN DERMAL HYGIENE AND THERAPEUTICS.

Much that is interesting, as well as instructive, is to be found in DR. PIFFARD's paper (*Journal of Cutaneous and Genito-urinary Diseases*, November, 1887) on salt in cutaneous hygiene and medication. Baths of five per cent. solution were found as a cleansing agent fully equal, and probably superior, to the usual soap and water bath. "It removed the bodily odors and exuvie from the skin as readily as soap did, and far more thoroughly. Further, the axillæ and other hairy parts remained sweet and clean, and free from odor for a longer period than would have been the case after the most thorough